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ENNERDALE RURAL DISTRICT



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1956

AND REPORT OF THE

CHIEF PUBLIC HEALTH

INSPECTOR

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**ENNERDALE RURAL DISTRICT COUNCIL
HEALTH AND HOUSING COMMITTEE
1956-57**

Chairman:

Councillor J. NOCTOR.

Member ex-officio:

The Chairman of the Council—Councillor J. COOK.

Members:

Councillors: G. S. BELL, F. B. BENSON, Rev. A. W. BINNS, H. J. BRANNEY, G. FARRAN, J. E. HIGH, B. MOFFAT, Rev. F. K. McCANN, J. J. RICHARDSON (resigned 20/10/56), W. ROE, P. ROGERS, B. SMITH. A. THRELFALL (elected 10/12/56).

HEALTH DEPARTMENT STAFF

Medical Officer of Health:

ALEX. S. SMITH, L.R.C.P. & S.

(Temporary appointment to 31/10/56).

J. N. DOBSON, M.B., CH.B., D.P.H.

(Appointed 1/11/56).

Chief Public Health Inspector:

*†‡ J. BUTTERY.

Additional Public Health Inspector:

*† R. M. HOWELLS.

Clerk:

Miss I. DAVIDSON.

(Joint Appointment with Whitehaven Borough).

Clerk-Typist:

Miss I. G. BENN.

*Public Health Inspector's Certificate Royal Society of Health.

†Certificate of Meat and other Food Royal Society of Health.

‡Certificate in Sanitary Science as applied to Buildings and Public Works.

*Health Department,
53, Duke Street,
Whitehaven.*

To the Chairman and Members of the
Ennerdale Rural District Council.

Mr. Chairman, Councillor Mrs. McPoland and Gentlemen,

The tardy appearance of the Annual Report for 1956 necessitates some explanation. By long standing arrangement its printing is related with that of another Authority in such fashion that each goes to press first in alternate years. There was considerable initial delay due to the non-appearance of one of the 1955 reports in this pipe-line, which proved only the first of several. The report as a whole required drafting on new lines to suit changed circumstances, and this has given an opportunity to reset or omit most of the tabular matter. Some tables of figures had swollen with the years to the point where lengthy scrutiny was necessary to see if there was any useful information at all. Statistics are essential, but it is hoped that those recorded will be informative rather than bewildering.

The Report was in sight of completion when it was suspended on account of other activities, arising largely out of the Asian 'flu epidemic, the Windscale incident, and preparation for the Council's Mass Radiography campaign. Any unusual event makes three half-days a week an inadequate allocation of time to the Council's business. These delays were further aggravated by staff illness of long duration.

Fortunately none of these hindrances is likely to recur and in due course a normal schedule should be reached and kept.

Comment on a number of matters has been restricted in the Report, for most of it relates to the period before my appointment. It is intended to remedy some omissions in the next Report, particularly in the field of housing which received no mention in 1955. Public Health covers a wide field in which many matters wax and wane in importance and urgency; housing is the exception. Despite the priority given by the Council to the remedying of this problem in the post-war period, no other difficulty is complained of so relentlessly, so bitterly, and so justifiably to your Health Department staff. A study of the Housing Returns for England and Wales proves Ennerdale to compare favourably with other rural authorities in post-war housing and, indeed, it has the best record in Cumberland. That does not console the many families living in seriously overcrowded conditions, or in

property which might just as well be derelict so far as the practicability of repair is concerned.

The problem grows with the District. All indications are that the population is increasing; a consideration of the annual excess of births over deaths, probable population shifts, industrial expansion and the increasing lists of housing applicants in all groups, suggests this tendency is more rapid than the somewhat cautious estimates of the Registrar General lead one to believe. It is difficult to credit the official figures which show an increase of only 290 persons in the past five years, and leave us still some 800 persons short of the 1951 census population. In the period 1952-56 inhabited houses increased by 581, and one would expect a reduction of the pressure on housing, but this is not the case.

The Council's firm intention to proceed with its housing development is welcome knowledge to your Medical Officer. While the link between bad housing and bad health is not always well defined, it springs to mind on examining the children. The opportunity to do this has occurred since the merging this year of the duties of medical officer of health with the clinical work of an assistant county medical officer, and the contrasts seen in physique and well-being are too marked to escape attention. Several years of work in an industrial city have convinced me that the town-bred children I knew were often fitter and healthier than their rural brothers, despite the polluted atmosphere in which they were reared. Here the priceless advantage of clean air goes to waste too often; it cannot restore in the day the vitality lost by sleeping several in a room small, damp and ill-ventilated. Many other factors play a part, not the least of which is that the cost of living in a rural area is relatively high. It is an anachronism that to have fresh vegetables and fruit in variety and at lower prices one must live in a large town or city.

Fortunately unemployment is no longer the dread spectre it was in the days of the Distressed Areas, but here it does tend to run some 0.7% above the national average and its influence contributes to the plight of the minority who have yet to enjoy good living conditions and good health.

In conclusion, it gives me pleasure to thank the many Members who have made my introduction to new duties a pleasant one, and to acknowledge the indispensable assistance of my colleagues.

I am, Mr. Chairman, Madam and Gentlemen,

Your obedient Servant,

J. N. DOBSON,

Medical Officer of Health.

A.—STATISTICAL SUMMARY

I.—General Statistics

Area of Rural District in acres	...	...	...	88,730
Population (Registrar-General's estimate, mid-year, 1956)	...	...	...	28,870
Persons per acre	...	...	...	0.033
Number of inhabited houses, 1956-1957, according to rate books	...	...	...	8,985
Rateable Value	...	...	...	£186,477

VITAL STATISTICS

Births:—

(a) Live Births		Males	Females	Total
Legitimate		272	260	532
Illegitimate		10	15	25
Total	...	282	275	557

Crude Birth Rate per 1,000 of population ... 19.3

Adjusted Birth Rate 19.7

(b) Still Births		Males	Females	Total
Legitimate		9	8	17
Illegitimate		1	—	1
Total	...	10	8	18

Still Birth Rate (per 1,000 total births) ... 31.3

Deaths:—

		Males	Females	Total
Deaths (all ages)	...	185	150	335
Crude Death Rate per 1,000 of population	...			11.6
Adjusted Death Rate		...	...	14.0

Deaths from Pregnancy, Childbirth and Abortion	...	Nil
Death Rate of Infants under 1 year of age:		
All Infants per 1,000 live births		28.7
Legitimate Infants per 1,000 legitimate live births		28.7
Illegitimate Infants per 1,000 illegitimate live births		Nil

The following table is given for comparison of certain vital statistics.

TABLE 1.

	Birth Rate	Death Rate	Infant Mortality Rate
Ennerdale R.D.	19.3	11.6	28.7
Cumberland (Administrative County)	16.9	12.2	30.4
England and Wales	15.6	11.7	23.8

Ennerdale experienced the national post-war spurt in birth rate, followed by a decline from 1950. While the national rate has steadied since 1953, Ennerdale's now is rising. Possibly this marks a recrudescence of prosperity in the district, which has benefited by industrial expansion in West Cumberland. A comparative table is given below.

TABLE 2.

Year	Number of Births	Birth Rate per 1,000 of population:	
		Ennerdale R.D.	England & Wales
1952	.. 543	21.0	15.3
1953	... 504	19.4	15.5
1954	.. 503	18.0	15.2
1955	... 525	18.6	15.0
1956	.. 557	19.7	15.6

Table 3 shows death rates over the past five years.

TABLE 3.

Year	Number of Deaths		Death Rate per 1,000 of population:	
			Ennerdale R.D.	England & Wales
1952	...	341	12.7	11.3
1953	...	341	12.8	11.4
1954	...	336	13.1	11.3
1955	...	316	12.3	11.7
1956	...	335	14.0	11.7

The increased death rate in 1956, compared with the previous year, is due very largely to an increase in deaths from vascular lesions of the nervous system. There were two deaths from motor accidents and seven from other forms of accident.

Thirty-seven per cent. of all deaths occurred in persons over seventy-five years old.

There were no maternal deaths in 1956; there have been none indeed since 1949.

Maternal mortality in England and Wales has fallen steadily since 1943, to the level of .56 per 1,000 total live and stillbirths in 1956. No comparative table is given for the Rural District since maternal mortality rates for comparatively small populations are meaningless.

Infant mortality rates are given in Table 4 and cause of deaths in Table 5.

TABLE 4.

Year				Death Rate per 1,000 live births:	
				Ennerdale R.D.	England & Wales
1952	...	...	24	44	28
1953	...	...	13	26	27
1954	...	...	18	36	26
1955	...	...	20	38	25
1956	...	...	16	29	24

TABLE 5.
Deaths of Infants Under 1 Year of Age

Cause of Death	Age in Weeks				Age in Months				Totals
	0-	1-	2-	3-	1-	3-	6-	9-	
Prematurity ...	6	—	—	—	—	—	—	—	6
Atelectasis ...	1	—	—	—	—	—	—	—	1
Congenital defects	1	1	—	—	1	—	—	—	3
Cerebral haemorrhage	1	—	—	—	—	—	—	—	1
Meningitis ...	—	1	—	—	—	—	—	—	1
Broncho-pneumonia	—	—	—	—	—	—	1	1	2
Other causes ...	1	—	—	—	1	—	—	—	2
Total deaths ...	Under 1 month				Over 1 month				16
	12				4				

Infant mortality compares very favourably with previous experience, and the number of deaths following the first month of life was unusually low. Furthermore, two of those four deaths were associated with congenital defects (broncho-pneumonia being the actual cause of death in one), so that there was very little preventable mortality.

The case of meningitis was due to B. Coli infection, fortunately uncommon as the outlook in the neo-natal period is always poor in this condition.

Cancer Mortality

There were 51 deaths from cancer, the primary sites of the lesions being shown in Table 6, while in Table 7 are given death rates for the Rural District and England and Wales.

TABLE 6.

Location of Disease	Male	Female	Total
Tongue	—	1	1
Larynx	2	—	2
Trachea	1	—	1
Oesophagus	3	—	3
Stomach	7	1	8
Colon	2	3	5
Rectum	2	3	5
Pancreas	1	—	1
Liver	1	—	1
Kidney	—	1	1
Lung and Bronchus ...	6	1	7
Breast	—	2	2
Uterus	—	3	3
Ovary	—	2	2
Bladder	1	—	1
Prostate	1	—	1
Other sites	3	4	7
	30	21	51

TABLE 7.

Year	Number of Deaths		Annual Death Rate per 1,000 of population:	
			Ennerdale R.D.	England & Wales
1952	...	41	1.44	1.99
1953	...	53	1.87	1.99
1954	...	44	1.54	2.04
1955	...	60	2.09	2.06
1956	...	51	1.76	2.07

In the main, cancer mortality shows a favourable comparison with that of England and Wales. It is very likely that the absence of atmospheric pollution and the greater proportion of pipe smokers compared with cigarette smokers in a rural area can be credited with this.

TABLE 8.

CAUSES OF DEATH DURING THE YEAR 1956

Registrar-General's Classification

	Males	Females
Tuberculosis of Respiratory System ...	I	4
Other Tuberculous Diseases ...	I	—
Syphilitic Disease ...	—	—
Diphtheria ...	—	—
Whooping Cough ...	—	—
Meningococcal infections ...	—	—
Acute Poliomyelitis ...	I	—
Measles ...	—	—
Other infective and parasitic diseases ...	—	—
Malignant neoplasm, stomach ...	7	I
Malignant neoplasm, lung and bronchus ...	7	I
Malignant neoplasm, breast ...	—	2
Malignant neoplasm, uterus ...	—	3
Other malignant and lymphatic neoplasms ...	16	14
Leukaemia, aleukaemia ...	I	I
Diabetes ...	I	3
Vascular lesions of nervous system ...	28	30
Coronary disease, angina ...	37	14
Hypertension with heart disease ...	2	2
Other heart disease ...	19	19
Other circulatory disease ...	12	9
Influenza ...	3	—
Pneumonia ...	6	5
Bronchitis ...	8	4
Other diseases of respiratory system ...	10	—
Ulcer of stomach and duodenum ...	I	—
Gastritis, enteritis and diarrhoea ...	—	—
Nephritis and nephrosis ...	2	—
Hyperplasia of prostate ...	I	—
Pregnancy, childbirth, abortion ...	—	—
Congenital malformations ...	I	2
Other defined and ill-defined diseases ...	15	31
Motor vehicle accidents ...	I	—
All other accidents ...	2	5
Suicide ...	2	—
Homicide and operations of war ...	—	—
Total (all causes) ...	185	150

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

(a) Staff

Changes in staff are shown on page 1 of this report.

(b) Laboratory Facilities

Full use is made of the bacteriological facilities at Whitehaven Hospital under the direction of Dr. A. C. F. Ogilvie, and of the Public Health Laboratory Service at the Cumberland Infirmary directed by Dr. D. G. Davies. Analytical services are provided by Mr. C. J. H. Stock, of the County Analyst's Office, Darlington.

(c) Local Health Authority Services

Medical services provided under Part III of the National Health Service Act are the responsibility of the Cumberland County Council. Information about the provision of Home Nursing, Home Helps, Immunisation and other services is available at the office of the Senior Assistant County Medical Officer, 102, Scotch Street, Whitehaven.

Clinics are held as follows:—

	Frizington	Cleator Moor	Egremont
School Clinic ...	Mon. 9-30 a.m.	Thurs. 9-30 a.m.	Thurs. 9-30 a.m.
Child Welfare ..	Mon. 2-00 p.m.	Thurs. 2-00 p.m.	Thurs. 2-00 p.m.
Ante-Natal ...	Wed. 2-00 p.m.		
Dental ...	Tues. 9-30 a.m.	Wed. 2-00 p.m.	Mon. 9-30 a.m.

A number of ante-natal clinics are conducted by general practitioners in conjunction with the district midwife.

Appointments may be made through the School Clinics for attendance at the following special clinics:—

Ophthalmic, Ear, Nose and Throat, Orthopaedic, at Sandhills Lane Clinic, Whitehaven.

Child Guidance, at 10, Scotch Street, Whitehaven.

Speech Therapy, at Cleator Moor and Egremont Clinics.

Orthoptic treatment at Whitehaven Hospital.

The Occupation Centre, Flatt Walks, has 40 places for mentally backward children.

(d) Hospital Services

Facilities provided by the Regional Hospital Board include Whitehaven Hospital, Flatt Walks: 121 beds. General hospital services. General practitioners have X-ray facilities directly available.

The Hollins, Hensingham: 27 beds. Pre-convalescent and chronic sick.

Galemire, Cleator Moor: Infectious diseases hospital with 27 beds, 15 of them for tuberculosis.

The Chest Clinic serving the area is in St. Bridget's Lane, Egremont.

Part III hospital accommodation is available in Meadow View House, Whitehaven (31 beds), by joint user agreement with Cumberland County Council.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

A report by the Public Health Inspector on the work of the year has been submitted and will be found at the end of this report.

SECTION D

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Notifications, other than those of tuberculosis, are shown in Table 9.

TABLE 9.

Disease					No. of cases notified	Admitted to Hospital	Died
Scarlet Fever	...	...	...	...	2	—	—
Puerperal pyrexia	...	...	...	...	5	—	—
Acute primary pneumonia	...	...	...	...	14	—	1
Erysipelas	...	...	...	...	3	—	—
Cerebro-spinal meningitis	...	...	...	...	1	—	—
Poliomyelitis, paralytic	...	...	...	...	17	17	1
„ non-paralytic	...	...	...	...	4	2	—
Measles	...	...	...	...	421	—	—
Whooping Cough	...	...	...	...	51	—	—
Dysentery	...	...	...	...	5	—	—

Of the foregoing, only poliomyelitis is deserving of comment.

Poliomyelitis

There was one death from poliomyelitis, of a man who contracted a fulminating infection in January. This was an isolated occurrence unconnected with the wave of poliomyelitis which developed in Cumberland towards the end of April.

This outbreak was the cause of a further twenty cases, four of them non-paralytic, among whom there were fortunately no deaths. The first case notified was on 3rd May, 1956, and the last on 25th July. Between these dates the disease smouldered on uncertainly, never developing into a local epidemic, yet threatening the district for three months, during which eight of the parishes claimed one or more cases from centres as far apart as Distington and Gosforth.

Three-quarters of the cases were under twelve years old, a proportion higher than now is usual, but the numbers are too few to draw any conclusion from this. The recorded age limits were from 1½ to 52 years old.

Plotting the cases on a map offered no clue to the general mode of spread, except that two cases seemed likely to have been infected from families living close at hand, and there was also an instance of two cases in the same household. The principal handicap in tracing the course of infection is the occurrence always of numerous outwardly unaffected carriers. There is no doubt, however, that this difficulty is much

enhanced by a reluctance to notify suspect cases. It seems very likely that many more than four non-paralytic cases occurred, the recorded proportion of non-paralytic to paralytic cases being abnormally low.

Poliomyelitis is prone to cause public alarm out of proportion to its importance as a cause of death or physical handicap. At the same time, continued anxiety over the years concerning a disease which is preventable has no doubt contributed to the demand for protection by immunisation, a demand which is now being met. In 1956, however, the supply of vaccine was no more than a trickle and only 33 children from 2-9 years old in the whole Rural District had been immunised by the year-end. The effect of vaccination on the course of the outbreak may be taken to have been negligible.

TUBERCULOSIS

Notifications in 1956 were received as follows:—

TABLE 10.

		Respiratory	Non-Respiratory	Total
Male ...	...	42	2	44
Female ...	...	22	3	25
		—	—	—
Total ...	...	64	5	69
		—	—	—

The incidence of respiratory cases in main age divisions is shown in Table 11.

TABLE 11.

Age in years	0-	15-	35-	55-	Total
Male ...	4	8	10	20	42
Female ...	4	13	4	1	22
Total ...	8	21	14	21	64

It is seen that nearly half the male cases occurred over the age of 55; in the previous year exactly half were provided by this age group which promises to provide the bulk of new cases in the future.

Deaths from Tuberculosis (Rates per 1,000).

TABLE 12.

Year	Respiratory Tuberculosis Ennerdale		Tuberculosis England & Wales		All forms of Tuberculosis Ennerdale		Tuberculosis England & Wales	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate
1952	7	0.24	...	0.21	...	10	0.35	0.24
1953	12	0.42	...	0.18	...	13	0.46	0.20
1954	8	0.28	...	0.16	...	10	0.35	0.18
1955	6	0.21	...	0.13	...	7	0.24	0.15
1956	5	0.17	...	0.11	...	6	0.21	0.12

These figures show a welcome contrast with those for the preceding quarter century, when the tuberculosis death rate was customarily twice that for England and Wales. Nevertheless, new notifications at three times the national rate continued to cause anxiety. It was during this year that the County Medical Officer, Dr. W. H. P. Minto, suggested that a further attack on tuberculosis be considered, and in July representatives of the Health Committees of the County Council and Rural District Council met to discuss the position. It was resolved that an anti-tuberculosis campaign be carried out in 1958, as the absence of a permanent district medical officer of health made it impracticable to proceed in 1957.

Mass X-Ray

Mass X-ray has been a boon to the Rural District. Though poorly patronised, it has discovered about one-third of the active cases notified in the past five years. Table 13 compares the findings with notifications received.

TABLE 13.

Year	1952	1953	1954	1955	1956	Total
Number X-rayed	1,918	2,882	4,303	3,960	3,807	16,870
New active cases discovered						
by X-ray	19	24	29	18	12	102
Notifications during year	58	61	72	71	64	326

On the basis of this record a special Mass X-ray campaign might be expected to yield worthwhile results, particularly if the more susceptible age groups could be induced to attend.

B.C.G. Vaccination

This type of immunisation is less familiar to many than diphtheria immunisation, and has not received previous mention in the Medical Officer's report. Briefly, the B.C.G. vaccination aims at giving protection against tuberculosis by means of an injection into the skin of B.C.G. vaccine. In this country B.C.G. is offered to persons at special risk—nurses, medical students and contacts of cases of tuberculosis—and schoolchildren in their thirteenth year. When consent of the parents has been given, the children are first given a skin ("Mantoux") test to see if they already have some resistance to the disease. Those who have no resistance then receive a single injection of vaccine, to be followed later by a skin test to see if the immunisation has been successful.

B.C.G. is in world-wide use, is extremely safe, and its value in the groups mentioned is unquestioned. It was first made available to schoolchildren in Cumberland in 1955.

Table 14 summarises the work done so far in Ennerdale Rural District.

TABLE 14.

Year	No. of children eligible for test	No. & %age of parents consenting	No. tested	No. & %age Mantoux positive	No. Mantoux negative	No. given B.C.G.
1955	... 290	252 (87%)	244	98 (40%)	146	144
1956	... 297	252 (85%)	235	98 (42%)	137	137

Repetition of the figures 252 and 98 may be noticed; this is coincidence and not due to misrecording.

The proportion Mantoux positive indicates those children who have been exposed to a significant degree of tuberculous infection. It is disturbing to realise that two out of every five children have by the age of thirteen run a real risk of acquiring active disease.

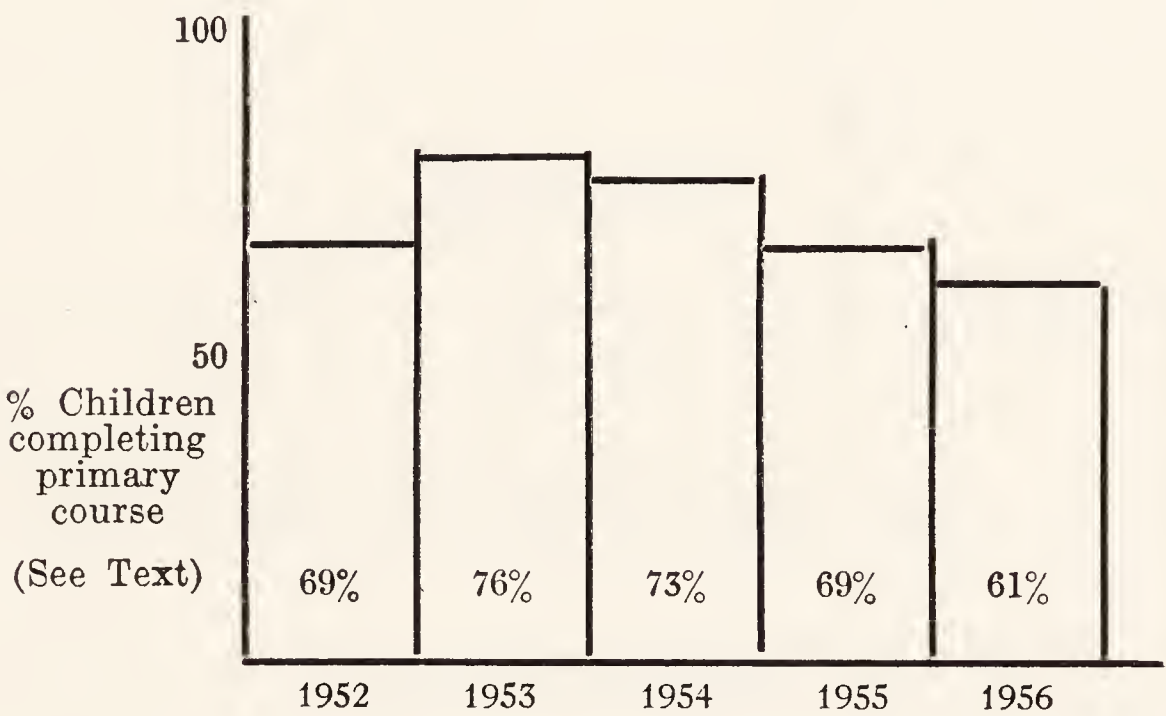
Diphtheria Immunisation

The last case of diphtheria occurred in Ennerdale Rural District in 1946. While the disease is no longer a scourge, it should be noted that 63 cases with 8 deaths occurred in England and Wales in 1956. Diphtheria is not eliminated, and the fact that most cases now occur during school life is no excuse for the tendency to give protection by immunisation too late in infancy to procure the full benefit.

It is usual to tabulate figures showing the immunisation state of the child population. In fact, since the Registrar-

General ceased giving the child population of boroughs it is difficult to portray this with any accuracy. An expedient has been adopted of showing in histogram form the number of children under five who completed a primary course of immunisation in each year, as a percentage of the births in the previous year.

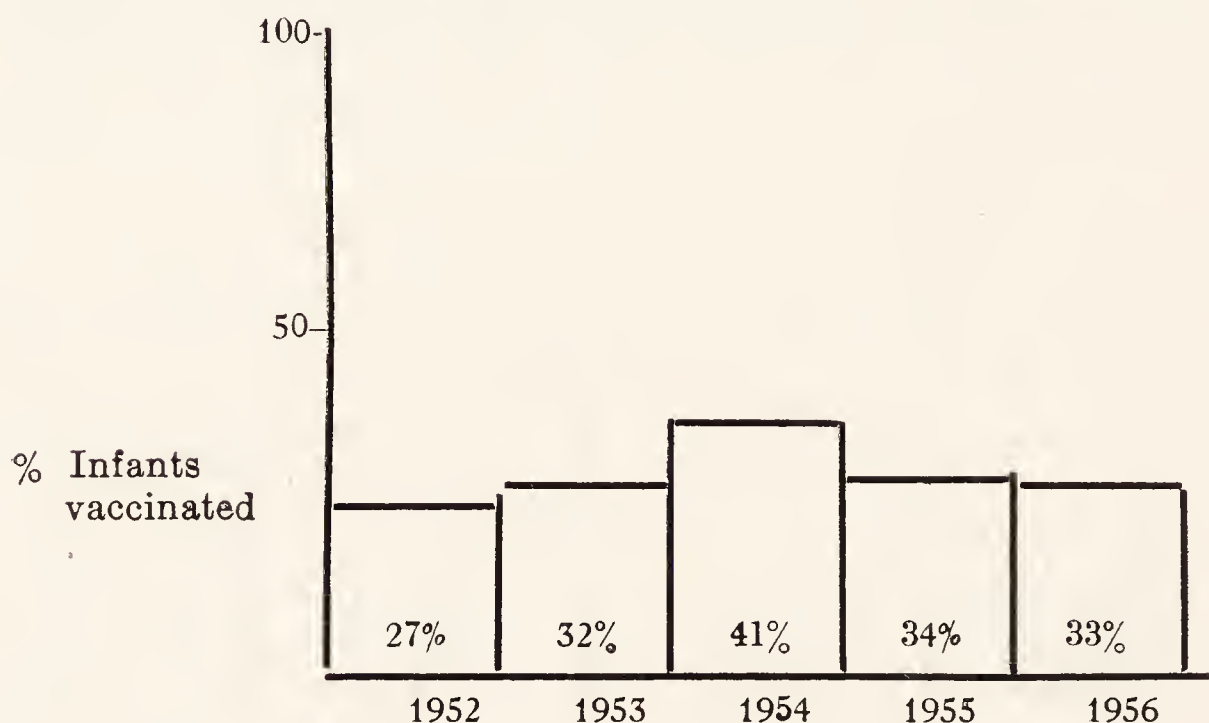
In the main, this shows the percentage of any year's births who are receiving immunisation for, while children up to five are included, the vast majority of those immunised have completed their courses by their second year. While not statistically precise, it is believed to represent the prevailing trend.



The 1956 figures were adversely affected by the poliomyelitis outbreak during which immunisations were suspended. But for this it is likely that the annual proportion of children immunised would have remained in the region of 70—75%, which is very satisfactory.

Smallpox Vaccination

The numbers of children vaccinated in the past five years are shown in the following histogram. This gives the number of children under 1 year of age who were vaccinated as a percentage of the same year's births. Smallpox vaccination is most commonly performed at 3 months and while, as in the case of diphtheria immunisations, the representation cannot be wholly accurate, the aim is to give an indication of the acceptance rate.



Broadly speaking, these figures are as good, and in 1954 were better than, the national acceptance rate. Even so, they are not high enough to assure a satisfactory level of community protection. No other immunising procedure reflects fashion and the diligence of doctors and local health authorities so diversely. Acceptance rates between authorities vary from under 2% to over 65%. We might well see a useful increase in Cumberland if vaccination were made available at Child Welfare Clinics.

REPORT
of the
CHIEF PUBLIC HEALTH
INSPECTOR

PUBLIC HEALTH INSPECTOR'S ANNUAL REPORT, 1956

Housing

The following shows the housing position and action taken during the year:—

A	1.	Total number of occupied dwelling houses in the district	8,790
	2.	Total number of occupied dwelling houses subject to Demolition Orders, Closing Orders or Undertakings	137
	3.	Estimated number of houses (exclusive of above) which are unfit for habitation and cannot be made fit at a reasonable cost	1,552
	4.	Estimated number of sub-standard houses (exclusive of above) which could be repaired and made fit	2,476
	5.	Number of houses found to be overcrowded ...	20
B	1.	WAITING LISTS.	
		Total number of valid applicants on Council's waiting list, exclusive of those living in houses under A 2 and 3 above	547
C		NEW HOUSES COMPLETED DURING THE YEAR.	
	1.	By or for the Council	50
		For aged persons	—
		For agricultural workers	—
		Flats	—
		General purposes houses	50
	2.	Private building	9
			—
		Total	59
			—
D	1.	Number of houses for which application was made by private persons for Improvement Grants under the Housing Act, 1949	21
	2.	Number of houses for which grants were approved	19
	3.	Number of houses where improvements were carried out and grants paid	12
	4.	Number of houses purchased or taken over by the Council with a view to improvement or conversion	Nil
	5.	Number of houses improved by the Council:	
		(i) With grant	1
		(ii) Without grant	Nil

E HOUSES DEMOLISHED.

In Clearance Areas.

	Houses De- molished	Displaced: Persons	Families
1. Houses unfit for human habitation	17	37	7
2. Houses included by reason of bad arrangement, etc.	Nil	Nil	Nil
3. Houses on land acquired under Section 27, Housing Act, 1936 ...	Nil	Nil	Nil

Not in Clearance Areas.

4. As a result of formal or informal procedure under Section 11, Housing Act, 1936	10	36	7
---	----	----	---

F UNFIT HOUSES CLOSED.

	Number	Displaced: Persons	Families
1. Under Section 11, Housing Act, 1936, and Sections 10 (1) and 11 (2) Local Govt. (Misc. Prov.) Act, 1953	7	38	8
2. Under Section 3 (1) and 3 (2), Housing Act, 1949	Nil	Nil	Nil
3. Parts of buildings closed under Section 12, Housing Act, 1936 ...	Nil	Nil	Nil

G UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED.

	By Owner	By Local Authority
1. After informal action by local authority	742	Nil
2. After formal notice under (a) Public Health Acts	12	Nil
(b) Housing Act, 1936	Nil	Nil
3. Under Section 5, Housing Repairs and Rents Act, 1954	Nil	Nil

The rehousing of applicants for Council houses continues to be carried out on a points system.

Inspection and Supervision of Food

(a) Milk Distributors:

Number of registered dairies	7
Number of registered distributors	15

(b) Sampling of Milk.

The scheme whereby the duty of the County Council of taking samples from the pasteurising plant was undertaken by the Sanitary Inspector of the area continues.

Of the fourteen samples taken for Phosphatase and B. Coli tests from the Pasteurising Plant all were satisfactory.

(c) Food Inspections.

The following table indicates the number and type of premises in the area to which the provisions of Section 13 of the Food and Drugs Act might properly be applied:—

Premises					Number Inspections	
Butchers	...	...	...	...	20	333
Fishmongers and Poulterers	...	...	...	...	2	7
Greengrocers and Fruiterers	...	...	...	...	19	23
Grocers	...	...	...	...	126	102
Fried Fish Shops	...	...	...	...	15	11
Confectioners	...	...	...	...	32	9
Dairies	...	...	...	...	7	2
Restaurants and Food Preparing						
Premises	...	...	...	...	87	30
Ice Cream Premises						
(a) Manufacturers	...	...	...	...	1	6
(b) Retailers	...	...	...	...	75	7
Hotels and Inns	...	...	...	...	107	20
Bakehouses	...	...	...	...	18	17
Slaughterhouses	...	...	...	...	3	430
Street Vendors' and Hawkers' Carts	—					8

Of the above premises thirty-two are registered for the preparation or manufacture of sausages, potted, pressed, pickled or preserved food, and seventy-five for the sale of ice cream. There is one registered manufacturer of ice cream in the area and he is considered very satisfactory.

No new educational activity in connection with food handling was inaugurated during the year, nor could this be contemplated with the existing staff. It is found in practice that any contraventions of the Food and Drugs Acts and Food Hygiene Regulations can be suitably dealt with on the spot through co-operation with the persons concerned.

Eight applications for the sale of ice cream were received, all of which were granted. Four samples of ice cream were taken, all of which were in Grade I.

Condemned open food is dealt with by incineration, tinned goods are either opened and burnt or buried intact. The following table shows the amount of food condemned as unsatisfactory:—

Commodity					Weight in Pounds
Meat	...	...	...	...	252 $\frac{3}{4}$
Fruit	...	...	...	...	50 $\frac{1}{2}$
Fish	...	...	...	...	7
Milk	...	...	...	...	22
Vegetables	...	...	...	...	25 $\frac{3}{4}$
Fats	...	...	...	...	$\frac{1}{2}$
Miscellaneous	...	...	...	...	2

(d) Slaughterhouses.

There are three slaughterhouses in the area, to which 430 visits were made.

The following table shows the number of carcases inspected and condemned:—

CARCASSES INSPECTED AND CONDEMNED							
				Cattle excluding Cows		Sheep and Lambs	Pigs
				Calves			
Number killed	...	..	...	560	1	676	753
Number inspected	...	...	...	558	1	669	751
All Diseases except Tuberculosis and Cysticerci							
Whole carcasses condemned	...			—	—	—	1
Carcasses of which some part or organ was condemned	...	...		311	—	91	44
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci	...	...	...	55.7	—	13.6	5.9
Tuberculosis only							
Whole carcasses condemned	...			—	—	—	—
Carcasses of which some part or organ was condemned	..	...		4	—	—	16
Percentage of the number inspected affected with tuberculosis				0.7	—	—	2.1
Cysticercosis							
Carcasses of which some part or organ was condemned	...	...		—	—	—	—
Carcasses submitted to treatment by refrigeration	...	...	...	1	—	—	—
Generalised and totally condemned				—	—	—	—

(e) Meat Inspection.

The following table shows in tabular form diseases found other than Tuberculosis and the amount of meat affected and destroyed.

				Weight in Pounds
Actinomycosis	...	...	...	2
Abscesses	...	...	...	263
Blood Extravasation	...	...	...	1
Bruising	...	...	...	62
Cirrhosis	...	...	...	1,503
Distomatosis	...	...	...	125
Foetal Calves	...	...	...	40
Hydatid Cysts	...	...	...	14 $\frac{1}{2}$
Odour	...	...	...	24
Peritonitis	...	...	...	197
Pleurisy	...	...	...	24
Necrosis	...	...	...	13

Shops:—

There are 319 shops in the area, of which seven inspections were made.

Movable Dwellings:—

There are five licensed camping sites in the area and six applications to erect or station and use a movable dwelling were received, two of which were not granted. Seventeen inspections were made and no offence called for other than verbal action.

Filthy and Verminous Premises:—

Twenty-five inspections were made to seventeen houses. The method of dealing with verminous premises by supplying insecticides, instructing occupiers in their use and in general principle of hygiene continues.

Drainage and Sewerage:—

Twenty houses were converted from the conservancy system to water carriage:—

Parish			Drained to:	
			Main Sewer	Septic Tank
Cleator Moor	...	...	—	1
Distington	...	...	—	2
Egremont	...	...	—	1
Ennerdale and Kinniside			—	1
Haile	...	...	—	3
Lamplugh	...	...	—	1
Lowside Quarter	...	...	1	2
Moresby	...	...	—	1
Netherwasdale	...	...	—	1
Rottington	...	...	—	6
			—	—
			1	19
			—	—

Water Supply

Of the twenty samples of water, as supplied to the parishes from the various sources subject to examination by the County Analyst, one sample from Lamb Hill and two from Meadley were not regarded as satisfactory.

To supplement the Egremont water supply a 12in. main from Wath Brow to Egremont was completed.

Particulars of the number of houses and the estimated population on public supplies are shown in the following table:

Parish	No. of Houses	No of Houses supplied from		Estimated Population Supplied
		Public Water Mains:		
		(a) Direct	(b) Stand-pipe	
Arledon and Frizington	1,290	1,273	10	4,266
Cleator Moor	1,937	1,930	—	6,390
Distington	771	755	—	2,445
Egremont	2,111	2,109	—	6,207
Ennerdale and Kinniside	92	35	2	116
Gosforth	237	205	—	612
Haile	51	39	—	136
Lamplugh	220	199	2	658
Lowca	298	292	—	913
Lowside Quarter ...	130	63	—	189
Moresby	292	272	—	941
Netherwasdale	41	—	—	—
Parton	352	341	11	1,395
Ponsonby	26	23	—	81
Rottington	18	15	—	65
St. Bees	348	338	3	1,015
St. Bridget	184	154	—	764
St. John	340	335	—	1,136
Weddicar	120	103	10	457

Refuse Collection and Disposal:—

Six refuse tips are in use within the area; these are situated at Langhorn, Bigrigg—2, Cleator Moor, Distington, Frizington and Moor Row; all of which leave much to be desired.

Private contractors employed on the collection of refuse and privy contents have continued to deal with 65 outlying properties distributed in the following parishes:—Egremont 6, Arlecdon and Frizington 45, Weddicar 4, and Moresby 10.

The following table is a summary of inspections carried out not appearing in another part of the report and not calling for special comments:—

Water Supply	270
New Drainage	86
Stables and Piggeries	3
Public Conveniences	2
Theatres and Places of Entertainment ...	1
Refuse Collection	22
Refuse Disposal	38
Schools	1
Building Byelaws	52
Nuisances	24
Sewerage	78
Number of Houses inspected	1,324
Number of inspections made	1,641
Enquiries in cases of Infectious Diseases ...	107
Visits re disinfection	23
Miscellaneous Infectious Disease inspections	28
Miscellaneous Inspections	327

FACTORIES AND WORKSHOPS

1. Inspection of Factories, Workshops and Workplaces

Premises	Register	Inspection	Number of Written Notices	Prosecutions
(1) Factories without mechanical power	20	—	—	—
(2) Factories with mechanical power	77	1	—	—
(3) Other premises	1	—	—	—
	98	1	—	—

2. Defects Found In Factories, Workshops and Workplaces

Particulars	Number of cases in which Defects were:				
	Found	Remedied	Referred to H.M. In-spector	by H.M. In-spector	Prosecutions
Want of Cleanliness ...	—	—	—	—	—
Overcrowding ...	—	—	—	—	—
Unreasonable Temperature ...	—	—	—	—	—
Inadequate Ventilation ...	—	—	—	—	—
Ineffective drainage of floors ...	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or Defective ...	—	—	—	—	—
(c) Not separated for Sexes ...	—	—	—	—	—
Other Offences ...	—	—	—	—	—
Totals ...	—	—	—	—	—

